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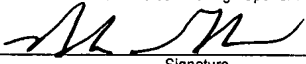


Application No.: 10/624,331
Applicant(s): Shinichi NISHIKAWA
For: METHOD OF MANUFACTURING OPTICAL ELEMENT
MADE OF GLASS
Confirmation No.: 6976
Customer No.: 24367
Docket No.: 15162/06050
Filed: July 22, 2003
Group Art Unit: 1731
Examiner: Queenie S. Dehghan

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

EXPRESS MAIL MAILING LABEL NO.: EV 839610937 US DATE OF DEPOSIT: APRIL 27, 2007 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the dated indicated above and is addressed to MAIL STOP RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DERRICK GORDON Name of Person Mailing Paper or Fee  Signature April 27, 2007 Date of Signature
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REQUEST FOR CONTINUED EXAMINATION
(RCE) PURSUANT TO 37 C.F.R. § 1.114

This is a Request for Continued Examination (RCE), of U.S. Patent Application Serial No. 10/624,331, filed on July 22, 2003, entitled METHOD OF MANUFACTURING OPTICAL ELEMENT MADE OF GLASS, by Shinichi NISHIKAWA, inventor.

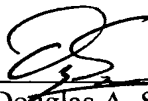
A Petition for Three-Months Extension of Time is also submitted herewith.

Please enter the Amendment, filed concurrently herewith, wherein claim 1 has been amended, and claims 7-9 have been added.

A Response Transmittal and Fee Authorization form authorizing the amount of \$1810.00 (\$790.00 for the filing fee for a Request for Continued Examination (RCE), and \$1,020.00 for the three-month extension fee under 37 C.F.R. § 1.17(a)(3)), to be charged to SIDLEY AUSTIN LLP's Deposit Account No. 18-1260 is enclosed herewith in duplicate. However, if the Response Transmittal and Fee Authorization form is missing, insufficient, or otherwise inadequate, or if a fee, other than the issue fee, is required during the pendency of this application, please charge such fee to Deposit Account No. 18-1260. Please credit any overpayment to Deposit Account No. 18-1260.

Respectfully submitted,

By: _____


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